

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report	<input checked="" type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2016	
Mailing Address 1720 I Street, NW Suite 550		Amount 16840.42	
City Washington	State DC	Zip Code 20006	Transaction ID : D366968 Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2016
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 5447764.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Terra Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2016	
Mailing Address 100 East Grand Ave. Suite 380		Amount 801534.25	
City Des Moines	State IA	Zip Code 50309	Transaction ID : D366967
Purpose of Expenditure Canvassing Services	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2016
Name of Federal Candidate DONALD J TRUMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House District: _____ <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	5447764.22	Disbursement For: 2016	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	818374.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gerald Hudson

[Electronically Filed]

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christina Maria Hernandez, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2016		
Mailing Address 1835 Palm Lane			Amount 75000.00		
City Orlando	State FL	Zip Code 32803	Transaction ID : D366971		
Purpose of Expenditure Radio & Digital Advertising Production & Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2016		
Name of Federal Candidate DARREN SOTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		75000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	893374.67

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gerald Hudson

[Electronically Filed]

Date

MM / DD / YYYY
08 / 28 / 2016

Signature